



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF COSMETOLOGY AND BARBERING**

TELEPHONE: (302) 744-4500  
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## **APPLICATION FOR REGISTRATION OF PRIVATE SCHOOL INSTRUCTION SHEET**

### **When to File an Application**

File this application when:

- you are opening a **new** private school that will offer a program on any discipline regulated by the Board of Cosmetology and Barbering
- the **ownership** of an existing licensed school is changing (regardless of *whether the school's name is changing*).
- an existing school is changing its **name** (regardless of *whether the owner is changing*).
- an existing licensed school is **moving** to another location.

Before filing this application...

- Obtain a certificate of approval from the Delaware Department of Education. To apply, see [Private Business and Trade Schools](#) on the Department of Education's website.
- Obtain a business license from the Division of Revenue for the school. To apply, visit [www.revenue.delaware.gov](http://www.revenue.delaware.gov) or call 302-577-8778.
- You may be required to obtain a town/city business license for a school operating in its jurisdiction. Contact the town or city for more information.

### **Requirements for All Applications**

- ☐ Submit completed, signed and notarized [Application for Registration of Private School](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware." Applications received without the required fee will be rejected.
- ☐ Enclose detailed floor plan on 8 ½" x 11" paper or blueprints.
- ☐ Enclose a list of the equipment to be used and its location within the school.
- ☐ Enclose copy of the school's Delaware [Division of Revenue business license](#). A business license is required *in addition* to the professional license.
- ☐ Enclose copy of business license issued by city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license.
- ☐ Enclose a copy of your Delaware [Department of Education certificate of approval](#).

***All persons instructing at the school must hold the appropriate Delaware professional license as an Instructor.***

All schools operating in Delaware must comply with the Division of Public Health's *Rules and Regulations* on sanitation. See [Sanitation Regulations](#).



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## APPLICATION FOR REGISTRATION OF PRIVATE SCHOOL

### TYPE OF APPLICATION

1. Check the item that describes why you are filing this application (check one):

- ☐ **New School**— I am opening a new school.
- ☐ **Ownership Change** – The ownership of an existing licensed school is changing.
- Name of school as it appears on the **current** license: \_\_\_\_\_
  - Professional license number from **current** license: **M6** - \_\_\_\_\_
- If approved, a new license number will be issued.**
- ☐ **Change of Name** – The existing licensed school name is changing.
- Name of school as it appears on the **current** license: \_\_\_\_\_
  - Professional license number from **current** license: **M6** - \_\_\_\_\_
- If approved, a new license number will be issued.**
- ☐ **Relocation** – An existing licensed school has relocated but the ownership has not changed. The Board must approve this application **before** the new location opens.
- Name of school as it appears on the **current** license: \_\_\_\_\_
  - Professional license number from **current** license: **M6** - \_\_\_\_\_
  - Anticipated date of school opening: \_\_\_\_\_
- If approved, the existing license number will be transferred to the new location.**

### CONTACT AND LOCATION INFORMATION

2. Business Name: \_\_\_\_\_  
If you are reporting a name change, this is the *new* name.
3. Address of **Physical** Location of School: \_\_\_\_\_  
Street (No PO Boxes) If you are reporting relocation, this is the *new* location.  
\_\_\_\_\_  
City DE Zip  
City State Zip
4. Phone: \_\_\_\_\_ Email: None ☐ \_\_\_\_\_  
daytime evening or cell
5. **Mailing** Address (if different): \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

## OWNERSHIP AND MANAGEMENT INFORMATION

6. Owner Name(s): \_\_\_\_\_
7. Owner Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip
8. Name of Licensed Professional in Charge of School: \_\_\_\_\_
9. Delaware Professional License Number of Professional-in-Charge: \_\_\_\_ - \_\_\_\_\_
10. Professional-in-Charge Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip
11. Professional-in-Charge Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## INSTRUCTORS

12. Enter the names and Delaware license numbers of all instructors: **NAME** **PROFESSIONAL LICENSE**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If you need more room, enclose a separate sheet.
13. Do **all** persons who will provide **any type of instruction** to students at the school hold a Delaware professional license? Yes ☐ No ☐

## LICENSURE, CERTIFICATION AND ACCREDITATION

14. Does the town/city where the school is located require a business license? Yes ☐ No ☐  
**Submit a copy of the school's Delaware Division of Revenue Business License and business licenses from the city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license.**
15. Has the school received official approval of certification from the State of Delaware Department of Education? Yes ☐ No ☐  
**Enclose a copy of your certificate of approval from the Delaware Department of Education.**
16. Has the school received official certification/accreditation from the U.S. Government? Yes ☐ No ☐ If yes, complete the information at right about the accreditations/certifications received:
- | TYPE OF ACCREDITATION/CERTIFICATION | DATE RECEIVED |
|-------------------------------------|---------------|
|                                     |               |
|                                     |               |
|                                     |               |
|                                     |               |
|                                     |               |
17. If the school has not received accreditation/certification, have you applied for federal accreditation/certification? Yes ☐ No ☐ If yes, when did you apply: \_\_\_\_\_

**Submit a detailed floor plan on 8 ½" x 11" paper or blueprints. Also, enclose a list of the equipment to be used and its location within the school.**

## PROGRAMS

18. Enter the school's hours of operation:
- |          |       |             |    |
|----------|-------|-------------|----|
| Weekdays | _____ | AM to _____ | PM |
| Saturday | _____ | AM to _____ | PM |
| Sunday   | _____ | AM to _____ | PM |
| Holidays | _____ | AM to _____ | PM |
19. Will you offer a part-time program of study? Yes ☐ No ☐ If yes, during what hours? \_\_\_\_\_
20. List all programs of study that your school will offer: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## REQUIRED NOTICES TO STUDENTS (Section 11.1 of the Board's [Rules and Regulations](#))

21. Do you understand that, before admitting a prospective student applying for admission, the school must obtain and review the applicant's high school transcript to assure that he or she meets the minimum 10<sup>th</sup> grade high school education requirement for Delaware licensure (see [24 Del. C. §5107\(a\)\(1\)](#), [24 Del. C. §5134\(b\)](#)) and do you agree to comply with this rule? Yes ☐ No ☐
22. Do you understand that, before admitting a prospective student applying for admission, the school must provide each applicant with a copy of Section 16.0 of the Board's [Rules and Regulations](#), entitled *Crimes Substantially Related to the Practice of Cosmetology, Barbering, Electrology and Nail Technology*, and to advise the applicant that a criminal history may be a bar to licensure? Yes ☐ No ☐ If yes, continue with the following questions:

Do you agree to comply with this rule? Yes ☐ No ☐

Do you agree to obtain a written acknowledgement from each applicant that he or she has received a copy of Section 16.0 and to maintain the acknowledgment in the applicant's file? Yes ☐ No ☐

The Law and [Rules and Regulations](#) for Cosmetology/Barbering are available at [dpr.delaware.gov](http://dpr.delaware.gov).

The Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

Continued on next page

## AFFIDAVIT

I certify that the information I give in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County or City of \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

SEAL

My Commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE  
REQUIRED FEE WILL BE REJECTED.**